



OHIO DEPARTMENT OF HEALTH

246 North High Street
Columbus, Ohio 43215

614/466-3543
www.odh.ohio.gov

John R. Kasich/Governor

Lance Himes/Director of Health

Bob Hershey, Executive Director
Cleveland Pregnancy Center
3924 Lorain Road
Cleveland, OH 44113

Dear Mr. Hershey:

Thank you for your interest in the Choose Life Program and for your application for the Choose Life funding. The application(s) was approved for the following county(s) in the amount of:

- Cuyahoga \$2,000.00

Enclosed is a copy of the application as was submitted. You should receive an award totaling \$2,000.00 Within the next 30 days.

If you have any questions, please contact the Choose Life Program Consultant, Marius Igwe at Marius.Igwe@odh.ohio.gov or 614-466-4634

Sincerely,

A handwritten signature in black ink, appearing to read "Lance Himes", is written over a horizontal line.

Lance Himes
Director of Health

**OHIO DEPARTMENT OF HEALTH (ODH)
CHOOSE LIFE FUND
DISTRIBUTION APPLICATION**

Interested Organizations: This application is due by June 1, 2018. Use this form to apply for SFY19 (July 1, 2018 to June 30, 2019) Choose Life Funds. It is important that you completely fill in the requested information and include all other required documentation. An application will only be considered when all required documents and information has been provided by the deadline.

I. ODH and Organization Information.

Organization	Chloride Pregnancy Center
OAKS Supplier Number & Address Code	0000000000
Federal Tax ID Number	[REDACTED]
Street Address	1000 Locust St.
City, State Zip code	Cleveland, OH 44113
County of Location Providing Services <i>(Entity must be physically present in the county to apply for funding; Only one Application Per Location)</i>	Cuyahoga
Address where ODH should Direct Payment	1000 Locust St.
Counties of Service <i>This location serves women from the following counties:</i>	Cuyahoga, Lorain, Franklin
Name of Person and Title completing application	Bob Hershberger, Executive Director
Area Code/Phone Number	216-641-0964
Email	director@cloridapregnancycenter.org

- II. By submitting this Application to ODH, Organization agrees to adhere to the statutory requirements for activities and use of funds as outlined in Ohio Revised Code (ORC) 3701.65 and rules under Ohio Administrative Code (OAC) 3701-74-01, and I certify that the Organization:**
- A. Meets the requirements in ORC 3701.65 and OAC 3701-74-01;
 - B. Is a private, nonprofit organization;
 - C. Is committed to counseling pregnant women about the option of adoption;
 - D. Provides services within the state of Ohio to pregnant women who are planning to place their children for adoption, including counseling and meeting the material needs of the women;
 - E. Does not charge pregnant women for any services received;
 - F. Is not involved or associated with any abortion activities, including counseling for or referrals to abortion clinics, providing medical abortion-related procedures, or pro-abortion advertising;
 - G. Does not discriminate in its provision of any service on the basis of race, religion, color, marital status, national origin, handicap, gender or age.

Assistance in completing Supplier Information can be obtained directly from Ohio Shared Services by calling: 1(877) OHIO-SS1, (1-877-644-6771).

V. **For New Choose Life Organization Applicants:** By June 1, 2018, the following (A & B) is required with this application:

- A. Organization must register online using the OAKS Supplier Self-Registration module at www.supplier.obm.ohio.gov;
- B. Complete one (1) original, signed W-9 form per Organization. If your Organization has multiple locations, please choose the location where you would prefer a check to be mailed (*required*);
- C. Any Organization may opt for electronic deposit by completing the *Authorization Agreement for Direct Deposit of EFT Payments form* (*optional*).

Assistance in completing the form(s) can be obtained directly from Ohio Shared Services by calling: 1(877) OHIO-SS1, (1-877-644-6771).

VI. **By June 1, 2019, all Organizations** shall submit to ODH one of the three forms of reporting from Section IV.A., above, verifying compliance with the rules regarding the use of funds received during the year (June 1, 2018–May 30, 2019).

By my signature, I certify that I have the authority to act on behalf of the above-named Organization and that the information provided in this Application is true and accurate to my knowledge and belief. Further, by my signature, I acknowledge that I understand and Organization agrees that in accepting Choose Life Funds, Organization must comply with the terms and conditions of RC 3701.65 as set forth in this Application for the state fiscal year of 2017 or risk the forfeiture of and be obliged to return said Choose Life Funds in the event Organization does not conduct itself in the manner prescribed above.

2-28-18
Date

Robert A. Hershey
Signature of Person Completing Application
Robert A. Hershey Executive Director
[Print Name & Title]

Application to be submitted to:

ODH/Choose Life Fund
Bureau of Maternal, Child and Family, Attention: Marius Igwe
246 North High Street, 6th floor
Columbus, OH 43215

Contact Marius Igwe with questions at Marius.Igwe@odh.ohio.gov
or 614.466.4634.

Choose Life Fund Expenditure Form (SFY18)
Report Period: June 1, 2017 through May 31, 2018
Due June 1, 2018

Agency Name	Cleveland Pregnancy Center			
Tax ID #	[REDACTED]			
Contact Name	Bob Hershey			
Contact Phone #	216-621-0910			
Quarters	1st Quarter 6/1/17 Thru 6/30/17	2nd Quarter 9/1/17 thru 11/30/17	3rd Quarter 12/31/18 thru 2/28/18	4th Quarter 3/1/18 Thru 5/31/18
Carryover SFY 16 Amount				
Award Amount				
Material Needs of Pregnant Women at 60%	\$ -			
Clothing Costs				
Housing Costs	\$0.00			
Medical Care Costs	\$0.00			
Food Costs	\$0.00			
Utilities Costs	\$0.00			
Transportation Costs	\$0.00			
Other Costs (Explain)	118. 586.00 1475.35 (2041.35)	154 1099.25	156	156
Total Material Costs	\$0.00	\$0.00	\$0.00	\$0.00
+/- Award Amount	\$ -			
Direct Costs at 40%	\$ -			
Counseling Costs				
Training Costs	1149.00			
Advertising Costs	329.65		170.00	100.00
Total Direct Costs	1478.65			
+/- Award Amount	\$ -			
Total Award Minus Materials and Direct Costs	\$ -			

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <u>Cleveland Pregnancy Center</u>	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) > Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) >	
4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ (Applies to accounts maintained outside the U.S.)	
5 Address (number, street, and apt. or suite no.) <u>3920 Lorain Rd.</u>	Requester's name and address (optional)
6 City, state, and ZIP code <u>Cleveland, OH 44113</u>	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number	
<div></div>	<div></div>
or	
Employer identification number	

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign
Here

Signature of
U.S. person >

Ruth A. Amy

Date > 2-28-18

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



SUPPLIER INFORMATION FORM

Required sections must be completed or the form will not be processed. Incomplete forms will be returned. All information must be legible. Ensure this is the latest version of the form at www.ohiosharedservices.ohio.gov.

SECTION 1 - PLEASE SPECIFY TYPE OF ACTION (REQUIRED)

☐ NEW (W-9 OR W-9ECI FORM ATTACHED) ☐ CHANGE OF CONTACT PERSON/INFORMATION

☐ ADDITIONAL ADDRESS

☒ CHANGE OF ADDRESS - (PLEASE PROVIDE OLD ADDRESS BELOW OR ATTACH LETTER)

ADDRESS TO BE REPLACED: 5273 Broadview Rd
Arma, Ohio 44134

☐ CHANGE OF TIN (W-9 & A CHANGE OF TIN FORM)

☐ CHANGE OF NAME (W-9 & A CHANGE OF NAME FORM)

☐ CHANGE OF PAY TERMS ☐ CHANGE OF PO DISPATCH METHOD ☐ OTHER _____

SECTION 2 - PLEASE PROVIDE SUPPLIER INFORMATION (REQUIRED)

LEGAL BUSINESS OR INDIVIDUAL NAME: (MUST MATCH W-9 OR W-9ECI FORM)

Cleveland Pregnancy Center

BUSINESS NAME, TRADE NAME, DOING BUSINESS AS: (IF DIFFERENT THAN ABOVE)

FEDERAL EMPLOYER ID (EIN) OR SOCIAL SECURITY NUMBER (SSN):



SECTION 3 - REMIT TO ADDRESS (REQUIRED)

ADDRESS: 3920 Lorain Rd.

COUNTY: Cuyahoga

ADDRESS (CONT.):

CITY: Cleveland

STATE: OH

ZIP CODE: 44113

CONTACT NAME: Bob Hershey

PHONE: 216-631-0964

FAX:

E-MAIL: director@clevelandpregnancycenter.org

SECTION 4 - ADDITIONAL ADDRESS (IF MORE THAN 2 ADDRESSES, INCLUDE A SEPARATE SHEET)

ADDRESS:

COUNTY:

ADDRESS (CONT.):

CITY:

STATE:

ZIP CODE: